U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 16049	2. Fiscal Year Covered From;
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Wayne D Rancourt	Name IBEW Local 1253
	Labor Organization File Number 023477
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 363 Garland Road	Street 44 Industrial Drive
City Winslow	City Augusta
State Maine ZIP Code + 4 04901	State Maine ZIP Code + 4 04330
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organi	exclusions set forth in the instructions): I, or derived income or other economic benefit of ization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
Ī	7.a. Nature of Interest, Transaction, or Income.
Name	
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Signature by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accomp	7.b. Amount. Signature by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Wayne Rancourt	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Augusta Electrical JATC	5.4
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 44 Industrial Drive	c. Employer
City Augusta	
State Maine ZIP Code + 4 04330	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received. Reimbursement for expenses incurred (airfare, auto rental, lodging, meals, etc) from a regional conference held by the National Joint Apprenticeship Training Committee.
	12.b. Amount. \$1,625
	[12.D. Allount.] \$1,023
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Wa	ayne Rancour	t		 	File	Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:						
Name Augusta Electrical JAT	TC	a. Labor Organization						
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any		b. Trust						
Street 44 Industrial Drive	ļ	c. Employer						
City Augusta								
State Maine	ZIP Code + 4 04330							
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.	ı					
Name	.							
Trade Name, if any:			 					
P.O. Box, Bldg., Room No., if any								
Street								
City								
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.						
		12.a. Nature of interest held or income received.	ı					
		Registration reimbursement for Eas Apprenticeship Conference.	tern Seaboard					
		12.b. Amount.	\$50					